

<i>SERFF Tracking Number:</i>	<i>SFCM-126385334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>44132</i>
<i>Company Tracking Number:</i>	<i>Z406</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>General Medicare Letter</i>		
<i>Project Name/Number:</i>	<i>General Medicare Letter/Z406</i>		

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: General Medicare Letter	SERFF Tr Num: SFCM-126385334	State: Arkansas
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Filed-Closed	State Tr Num: 44132

Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: Z406	State Status: Filed-Closed
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Filing Type: Advertisement

Author: Tammie Mills	Reviewer(s): Stephanie Fowler
Date Submitted: 11/18/2009	Disposition Date: 12/17/2009
	Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: General Medicare Letter
 Project Number: Z406
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 12/17/2009

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 12/17/2009
 Created By: Tammie Mills
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Tammie Mills
 Filing Description:
 Re: Individual Health Insurance
 NAIC #176-25178
 Medicare
 SF Filing #Z406
 Forms:
 Z406-General Medicare Letter

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Companies of Bloomington, Illinois is the

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Product Name: General Medicare Letter
Project Name/Number: General Medicare Letter/Z406
above referenced Medicare letter.

This letter will be mailed to potential Medicare eligible insured's from their State Farm Agent's office.

This letter is currently pending in the domiciliary state, Illinois.

Company and Contact

Filing Contact Information

Tammie Mills, Analyst tammie.mills.csag@statefarm.com
One State Farm Plaza 309-994-0300 [Phone]
Bloomington, IL 61710-0001

Filing Company Information

State Farm Mutual Automobile Insurance Company CoCode: 25178 State of Domicile: Illinois
One State Farm Plaza Group Code: 176 Company Type:
Laura Walters / Marketing D-3 Group Name: State ID Number:
Bloomington, IL 61710 FEIN Number: 37-0533100
(309) 763-8104 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 filing fee per form and we are filing one form at this time.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$25.00	11/18/2009	32143343

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/17/2009	12/17/2009

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Disposition

Disposition Date: 12/17/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item General Medicare Letter	Schedule Item Status Filed	Public Access Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/17/2009	Z406	Advertising	General Medicare Letter	Initial			General Medicare ltr rev 11-12.pdf

Agent A. Agent
123 Any Street
Suite ABCD
Anywhere, XY 12345
309 766 6411 Fax 309 763 8587

Providing Insurance and
Financial Services

Sample A. Sample
123 Main Street
Anytown, US 12345-6789

Dear Customer First Name,

It's hard to believe, isn't it? Soon, you'll be approaching that time when you qualify for the Medicare program. The Medicare program provides several great coverage options, and it's important that you are aware of your choices, so that you can make an informed decision regarding your Medicare coverage.

I would like to take a few moments to discuss your options with you. Together, we can determine which one may be best for you.

If you have a few moments, please call me at (xxx) xxx-xxxx or stop by my office. Or, complete and return the card below and a representative from my office will contact you at your convenience.

It is very important that we discuss Medicare and the options available to you so that you can obtain the coverage that you feel is right for you.

Warmest wishes for life and health,

Agent A. Agent
Agent Name
e-mail address here if used

* State Farm Medicare Supplement Plans are available to qualified applicants under the age of 65 who meet applicable eligibility requirements in states where it is mandated to issue to under age 65 applicants. Not connected with or endorsed by the U.S. Government or the federal Medicare program.

------(Detach here)

Future Request for Contact

By completing this information, you are agreeing to permit a State Farm agent to contact you within the next two weeks. Your information will be kept confidential.

Name: _____ Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Best time to contact: _____ a.m. _____ p.m.

State Farm Mutual Automobile Insurance Company
Bloomington, IL
statefarm.com®